

REMARKS

Claims 1, 2, 5-7, 9, 10 and 13-16, 18-19 and 21-23 remain pending in this application. Claims 1, 10, 15, 19, 21 and 23 have been amended to more specifically recite the subject matter of Applicants' claimed invention. Claims 17 and 20 have been cancelled. Based on the foregoing amendments and the following remarks, reconsideration and allowance of this application is respectfully requested.

Claim rejections under 35 U.S.C. §102 (e)

Claims 1, 2, 5-7, 9, 10, 13-16, 18-19 and 21-23 stand rejected under 35 U.S.C. §102(e), as being allegedly anticipated by U.S. Patent No. 6,454,780 ("Wallace"). A claim is anticipated only if each and every limitation as set forth in the claim is found, either expressly or inherently described, in a single prior art reference. (MPEP §2131). Applicants respectfully request reconsideration and withdrawal of this rejection, since Wallace does not disclose each and every limitation required by these claims, as amended herein.

Claim 1

Independent claim 1 recites a method of occluding an aneurysm, the aneurysm having a neck and a sac, the method comprising delivering a liner into the aneurysm, the liner having a proximal portion and a distal portion, where the distal portion of the liner is more permeable than the proximal portion of the liner, and allowing the liner to expand within the aneurysm to define a substantially spherical interior volume within the aneurysm, so that the proximal portion of the liner extends across the aneurysm neck and the distal portion of the liner is positioned within the aneurysm sac. The method also comprises introducing embolics through an opening in the proximal portion of the liner into the substantially spherical interior volume of the liner, wherein the distal portion

of the liner allows preferential permeation of the embolics from the substantially spherical liner interior volume into the sac of the aneurysm.

By way of illustration, see figures 3B and 4 of the subject application:

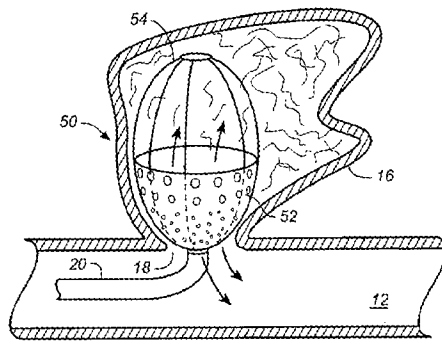


FIG. 3B

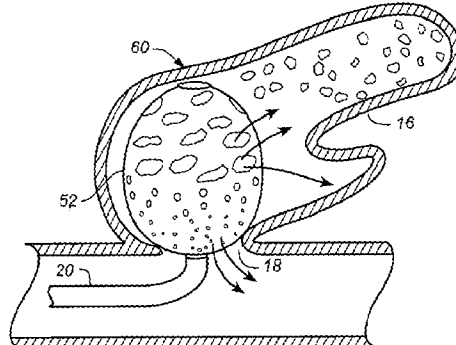


FIG. 4

In contrast, Wallace discloses a method for occlusion the neck portion of an aneurysm by: a) delivering a collapsible neck bridge into an aneurysm in a deployed expanded state, b) constricting and collapsing the neck bridge at the neck of the aneurysm using an actuation mechanism, and c) delivering an embolic agent *“along the path demonstrated by arrows 56, through elongated delivery member, through joint 30 (a detachment point) through a conduit formed through a retracted device 64 in to the aneurysm 50”* (Col 12, lines 7-8, Fig. 7D) (Emphasis added).

See figures 2D and 7D of Wallace:

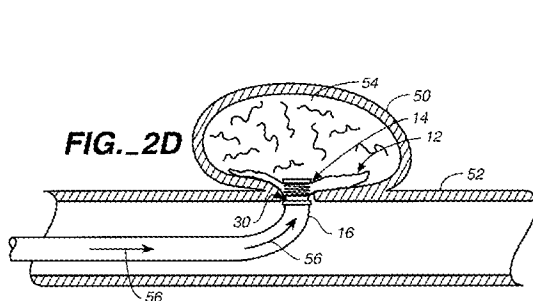


FIG. 2D

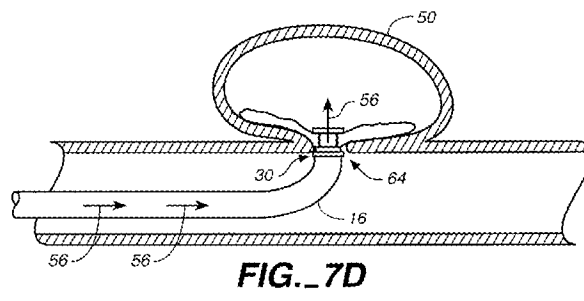


FIG. 7D

The act of delivery embolic agents in the device of Wallace is performed after the act of collapsing the neck bridge. (Col. 3, lines 2-13, Col. 8, lines 5-11, Figs. 2D, 7D).

Thus, the act of collapsing the neck bridge, then, introducing embolic through a conduit formed by the collapsed device in Wallace, is the opposite of the acts recited by claim 1 of the present application as “allowing the liner to expand to define a substantially spherical interior volume within the aneurysm... and introducing embolics ...into the substantially spherical interior volume of the liner...”

Applicants respectfully disagree with the statement in page 6 of the Office Action:

“It is noted that annotated below fig. 7a discloses such embolics introduced through an opening in the proximal portion of the liner into a substantially spherical interior volume of the liner. *(it is noted that the aneurysm device 64 comprises a body that has a shape of a sphere which embolics can go through an opening in the proximal portion of the liner into the substantially spherical interior volume of the liner).*”

Wallace does not disclose or suggest a method of introducing embolics into the device of Fig. 7A, where the device is deployed having the same configuration shown in Fig. 7A. Although, Fig. 7A of Wallace depicts a neck bridge having an “inverted parachute configuration,” Wallace actually teaches the acts of constricting the delivered device into a deployed configuration (see Fig. 7D), and thereafter introducing embolics through a conduit formed by the retracted device or an actuation mechanism. (Col 12, lines 7-8).

Thus, Wallace does not disclose or suggest a method of introducing embolics through an opening in the proximal portion of the liner into a substantially spherical interior volume of the liner, as recited by claim 1.

Applicants further disagree with another statement in page 6 of the Office Action:

“the act of preferential permeation of the embolics from a liner interior volume into the aneurysm is possible in Wallace, since fig. 7a discloses aneurysm obstruction device 64 having parachute configuration which has an interior volume.”

Again, even though Fig. 7A of Wallace depicts a neck bridge having an “inverted parachute configuration”, the act of introducing embolics into the neck bridge and the aneurysm sac, is performed after the acts of constricting and flattening out the device. Thus, the claimed act of preferential permeation of the embolics from a liner substantially spherical interior volume into the aneurysm is not possible in Wallace, since the device of Wallace is constricted before introduction of embolics, and could not form a substantially spherical interior volume where the distal portion is more permeable than the proximal portion. The constricted and flattened out neck bridge of Wallace forms a conduit (see above) through where the embolics are introduced into the aneurysm; there is no disclosure or suggestion in Wallace that a portion of the conduit is more permeable than other portion.

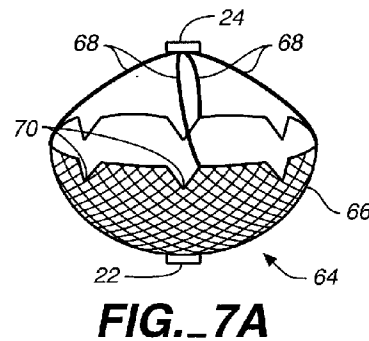
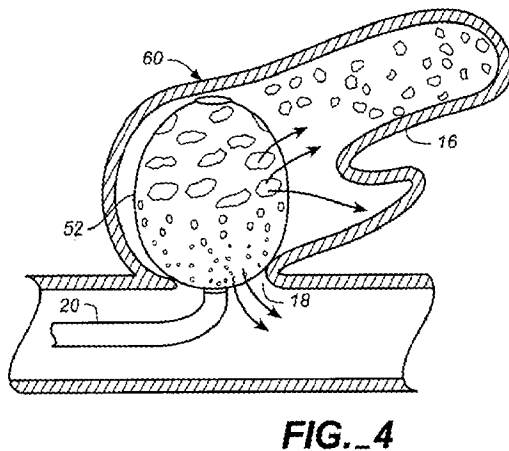
Claim 15

Independent claim 15 has been amended to incorporate the feature of claim 17. Claim 15, as amended, recites an assembly for treating an aneurysm, the aneurysm having a neck and a sac, comprising a liner having a proximal portion and a distal portion, and defining an substantially spherical interior volume within the proximal and distal portions; wherein the distal portion has perforations sized to permeate embolics and is more permeable than the proximal portion, such that the distal portion preferentially permeates embolics from the substantially spherical interior volume into the aneurysm sac, and an elongated delivery member releasably connected to the liner.

In contrast, Wallace discloses a neck bridge device having a “light weight...yet still forms a solid, potentially two-layered” liner (Col. 6, lines 58-66, Figs. 1A-B, 2A-E, 3) and a neck bridge device having an “inverted parachute configuration” where “*struts 68 are utilized rather than additional material 66 so as to eliminate some bulk of the device*

64.” (Col. 11, lines 15-17, 33-35, Fig. 7A) (Emphasis added). In other words, the neck bridge device of Wallace is either covered by a solid liner, or has a liner in the proximal portion of the device with the distal portion struts are free of any covering or liner. Therefore, the neck bridge device of Wallace does not disclose or suggest a distal portion liner having perforations sized to permeate embolics and that is more permeable than the proximal portion of the liner, as recited by claim 15.

Compare Fig. 4 of the present application and Fig. 7A of Wallace:



Applicants respectfully disagree with the statement in page 4 of the Office Action:

“It is noted that the distal portion has larger aperture which inherently has perforations sized to permeate embolics, fig 7a.”

In fact, Wallace expressly discloses that the distal portion of the neck bridge of Fig. 7A has naked struts with no liner to “eliminate the bulk of the device” (Col. 11, lines 34-35) having an “inverted parachute configuration”. It is not possible to have perforations on a liner that does not exist in the distal portion of the Wallace neck bridge.

Neither the “aperture” or space between the struts in Wallace are “inherent perforations.” Inherency relates to existing parts or consequences as a natural result

of an explicit disclosure (Schering, 339 F. 3d at 1379). Inherency, however, may not be established by probabilities or possibilities (MPEP 2163.07). Applicants believes the Examiner has erred in finding that Wallace inherently discloses a liner distal portion having perforations sized to permeate embolics and is more permeable than the proximal portion, since Wallace explicitly discloses the exact opposite. Additionally, it is not a "natural result" of bare struts to be considered as a liner with perforations.

For at least these reasons, Applicants respectfully submit that independent claims 1 and 15, along with respective claims 2, 5-7, 9, 10, 13-14, 16, 18-19 and 21-23 depending therefrom, are not anticipated by Wallace, and as such, request withdrawal of the §102 rejections of these claims.

CONCLUSION

For the reasons set forth above, Applicants respectfully submit that the currently pending claims are patentable over the cited prior art. A notice of allowance is respectfully requested.

If there are any questions concerning this amendment and response, please contact the undersigned at the number below.

Respectfully submitted,
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